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13. ABSTRACT (Maximum 200 words) U.S. Army soldiers returning from NATO operations in the Balkans have participated in a command-directed Psychological Screening Program to determine psychological readiness. The primary screen consists of three clinical scales that assess symptoms of post-traumatic stress, depression and alcohol abuse. Soldiers exceeding criteria on any scale receive a secondary screening interview to determine their need for mental health services. This study summarizes the results obtained from 1,043 soldiers 1 to 3 months after their deployment to Albania in support of NATO's Operation Allied Force. On the primary screen, 22.6% exceeded criteria in one of the clinical scales. After conducting secondary screening interviews, mental health personnel referred 5.9% of the entire sample for mental health follow-up. Although the soldiers in this study reported rates of psychological distress somewhat higher than rates reported by soldiers re-deploying from Bosnia and by their counterparts in garrison, the overall results indicate a high level of psychological readiness. Furthermore, the findings indicate that soldiers with prior deployment to the Balkans reported lower rates of psychological distress, suggesting a "stress inoculation effect" associated with deployment experience. The Psychological Screening Program affords soldiers an opportunity to report their mental health concerns and to receive a referral for mental health services. The screening program also provides commanders an assessment of the psychological readiness of their units.				
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# Research Report

18 February 2000

U.S. Army Medical Research Unit-Europe, Walter Reed Army Institute of Research # 28

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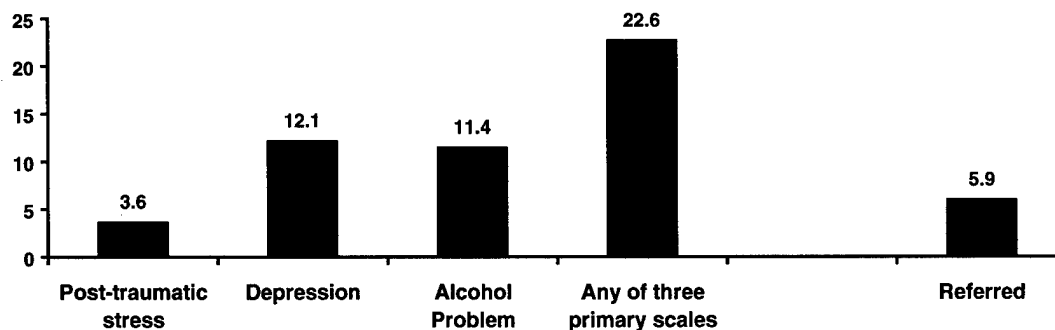
## *Iron Soldiers*

### Psychological Screening of Soldiers Supporting Task Force Hawk

From April-July 1999, 1st Armored Division Iron Soldiers deployed to Albania to enhance NATO's ability to conduct strikes with Apache helicopters against Serbian units in Kosovo. Within three months (August-October 1999) after returning from deployment, they completed a command-directed integrated health assessment. One component of the health assessment was the Psychological Screening Program. This report summarizes the psychological screening results obtained from 1,043 Task Force Hawk Iron Soldiers, and how these results compare to results obtained from other samples of Iron Soldiers who have participated in psychological screening.

**Background:** There were three components to the psychological screening. (1) Soldiers completed a **primary screen** consisting of three psychological scales that measure symptoms of post-traumatic stress, depression, and alcohol abuse. (2) Soldiers who exceeded criteria on any of these scales completed **secondary screen interviews** conducted by trained mental health personnel. (3) Secondary interview results determined whether to **refer** soldiers for follow-up mental health services.

**Findings:** Overall, Iron Soldiers at post-deployment Task Force Hawk were psychologically healthy. Of the soldiers who completed the primary screen, 235 (22.6 %) exceeded criteria on the depression, alcohol, or post-traumatic stress scale. After conducting secondary screening interviews, mental health personnel referred 62 (5.9%) soldiers for mental health follow-up. The majority of Iron Soldiers from Hawk (94.1%) completed the screening process without a referral. The chart below summarizes these findings.

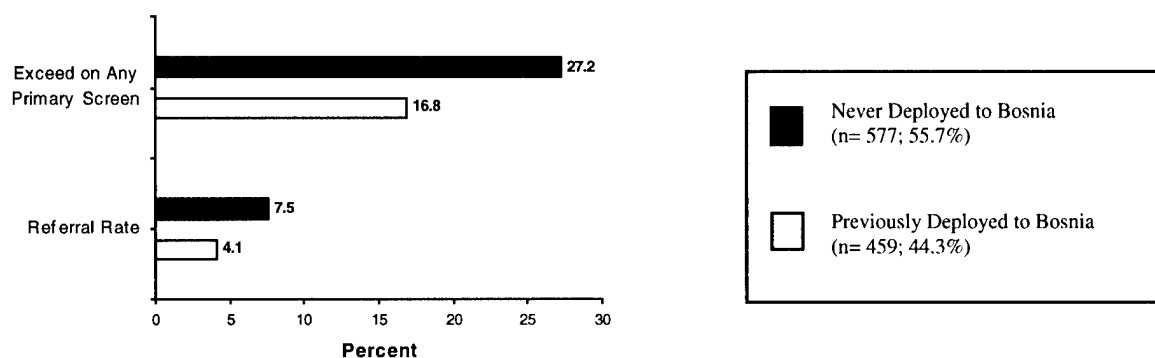


**Comparisons:** Task Force Hawk results were compared to results from a sample of Garrison Iron Soldiers, and also to a sample of Iron Soldiers re-deploying from Bosnia in the support of Operation Joint Endeavor (OJE). A comparison of junior-enlisted males revealed that Iron Soldiers from Hawk reported higher rates of alcohol problems than their OJE and Garrison counterparts. Similarly, junior-enlisted male Iron Soldiers from Hawk reported rates of depression significantly greater than their OJE peers. In contrast, Iron Soldier male officers reported lower rates of mental health concerns at post-deployment Hawk than at re-deployment OJE; and female Iron Soldiers from Hawk reported rates of mental health concern that were similar to female Iron Soldiers from OJE.

**Other key findings** are summarized as follows:

- Senior-ranking Iron Soldiers were less likely to exceed criteria on any of the scales compared to junior-ranking Iron Soldiers.
- 172 (75 %) of the Iron Soldiers who exceeded criteria on any scale had never received mental health counseling before.
- 119 (54.8%) of the Iron Soldiers who exceeded criteria on any of the primary scales reported a family history of alcohol problems.

Two additional findings of interest emerged from the Task Force Hawk data. First, Iron Soldiers with previous deployment experience to Bosnia reported significantly fewer mental health problems than those without prior deployment to Bosnia. The chart below displays the primary screen and referral rates.



Second, a sample of Iron Soldiers who deployed both to Bosnia, in support of Operation Joint Guard (OJG), and to Task Force Hawk, reported rates of depression and post-traumatic stress that were lower at post-deployment Hawk than at re-deployment OJG. Together, these findings suggest that prior deployment produces a “stress inoculation effect” that facilitates soldiers’ adjusting to subsequent deployment.

**Conclusions:** Although Iron Soldiers from Hawk reported rates of psychological distress somewhat higher than their OJG and Garrison counterparts, screening results indicated an overall excellent psychological readiness. Higher ranking soldiers, and soldiers who previously deployed to Bosnia, reported greater psychological health.

The Psychological Screening Program is valuable for both soldiers and commanders. It affords soldiers a unique opportunity to identify and report their mental health concerns, and provides commanders an assessment of unit psychological readiness. The Psychological Screening Program also allows researchers to measure psychological risk factors (e.g., family history of alcohol problems), and to develop more effective prevention strategies for maintaining psychological readiness. By incorporating such findings in their decision-making processes commanders can better lead their soldiers, and also better meet soldiers’ mental health needs.

**Reference:** Huffman, A.H., Martinez, J.F., Adler, A.B., & Castro, C.A. (2000, February 4). *Iron Soldiers: Post-deployment Psychological Screening of 1AD Soldiers Serving in Albania, Kosovo, and Macedonia*. USAMRU-E Technical Brief. For more information, contact MAJ Carl A. Castro, Commander, USAMRU-E, DSN 371-2626; Commercial (49) 6221-17-2626. This research report was prepared by Jack F. Martinez, Psy.D., USAMRU-E.



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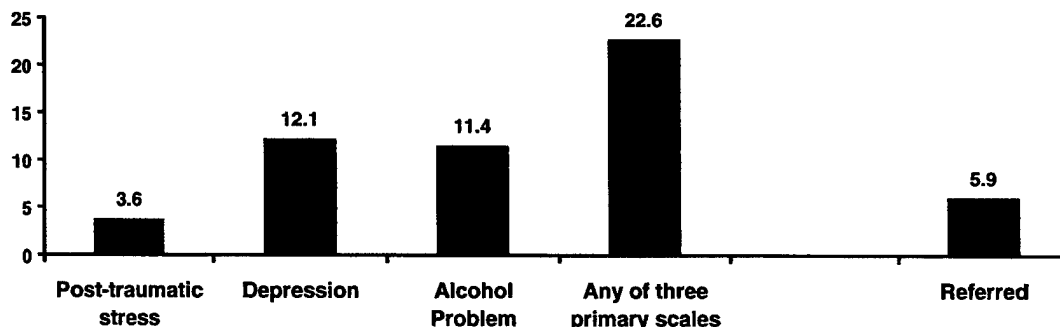
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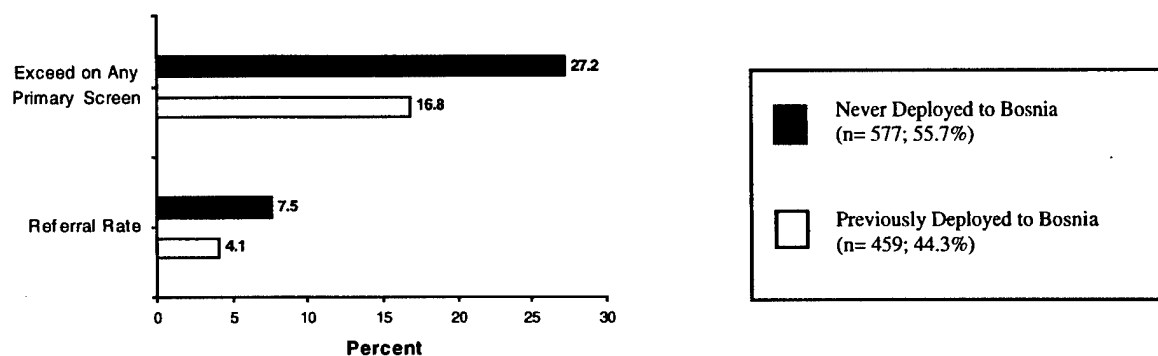


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